15849 DOI Delroy P City/State/ M 0000	ONSUHANTS  Juestor's Name  Juestor's Name  Juestor's Name  Address  Phone #  OOOHO  NAME(S) & DOCUMI	3/1	Office Use Only (if known):	
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	Pick up time Will wait	_	Certified Copy Certificate of Status	-
NEW FILINGS	AMENDMENT	S		
Profit	Amendment			02 TALL
NonProfit	Resignation of R.A.,	Officer/Director	·	ARE THE
Limited Liability	Change of Registered	i Agent		FIL -7
Domestication	Dissolution/Withdray	val		
Other	Merger			AM 9: 1.5 OF STATE
OTHER FILINGS  Annual Report	REGISTRAT QUALIFICA	ION/	-	
Fictitious Name	Foreign			-
Name Reservation	Limited Partnership			
	Reinstatement			
	Trademark			
	Other		•	
		Ī	Examiner's Initials	



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 25, 2002

A'VARE CONSULTANTS, LLC 15849 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446

SUBJECT: A'VARE CONSULTANTS, LLC Ref. Number: M00000002400

We have received your document for A'VARE CONSULTANTS, LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Letter Number: 502A00011628

Brenda Tadlock Sr. Corporate Section Administrator

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

AVARE CONSULTANTS LLC	
(Name of limited liability company)	
(Jurisdiction of its organization)	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and su authority to transact business in this state.	urrenders its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida.	t service on based on a la.
15849 Double Engle TABIL (Mailing address)	<u> </u>
Delasy Ball H. 3344L (City/State/Zip)	
(City/State/Zip)	
	_
The limited liability company agrees to notify the Department of State in the fuchange in its mailing address.	iture of any
	<b>7</b>
(Signature of member or authorized representative of a member)	)2: 
<i>j</i>	02 MAR -7 SECRETARY ALLAHASSE
House SKLAN.	-7 -7 -7 -7 -7
(Typed or printed name of signee)	-7 N
	FS.

Filing Fee: \$25.00